

SERFF Tracking Number: MUTM-126865755 State: Arkansas
 Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 47184
 Company Tracking Number: KATIE TUPPER
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease
 Limited Benefit
 Product Name: Individual Sickness & Accident Insurance - 0MR9M-03 Rev
 Project Name/Number: Individual Sickness & Accident Insurance/0MR9M-03 Rev

Filing at a Glance

Company: Mutual of Omaha Insurance Company

Product Name: Individual Sickness & Accident Insurance - 0MR9M-03 Rev SERFF Tr Num: MUTM-126865755 State: Arkansas

TOI: H071 Individual Health - Specified Disease - Limited Benefit SERFF Status: Closed-Approved- Closed State Tr Num: 47184

Sub-TOI: H071.002 Dread Disease Co Tr Num: KATIE TUPPER State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Rosalind Minor

Disposition Date: 11/12/2010

Authors: Shelly Kaipust, Sofia
 Kuehn, Jan Serafini, Thea
 Shepherd, Kurt Vangreen, Mary
 Gregg, Gilbert Burket, Krysia
 Gannon, Robyn Gonzales, Luther
 Mardock, Neil Sandhoefner, Katie
 Tupper

Date Submitted: 11/01/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Individual Sickness & Accident Insurance

Project Number: 0MR9M-03 Rev

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/12/2010

Deemer Date:

Submitted By: Mary Gregg

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 11/12/2010

Created By: Mary Gregg

Corresponding Filing Tracking Number:

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Filing Description:

RE: Mutual of Omaha Insurance Company
NAIC # 261-71412 FEIN 47-0246511
Individual Sickness & Accident Insurance
Specified Disease Insurance
Rider OMR9M-03 Rev
Actuarial Certification

Enclosed for filing with your Department is Chemotherapy, Radiotherapy, and Immunotherapy Benefit Increase Rider OMR9M-03 Rev. This rider is new and replaces Chemotherapy Benefit Increase Rider OMR9M-03 approved by your Department on July 12, 2010, under SERFF tracking number MUTM-126684961. This rider will be used with both the CL10 Cancer Insurance Policy and the CHS10 Cancer, Heart Attack, and Stroke Insurance Policy also approved by your Department on July 12, 2010 under the same SERFF tracking number.

Rider OMR9M-03 provides increased benefits for chemotherapy only. It was intended to also increase coverage for radiotherapy and immunotherapy, but due to an oversight on our part, the language describing these additional benefits was omitted from the rider text. Rider OMR9M-03 Rev adds these additional benefits. No other language changes were made to this revised rider.

The revised rider did not necessitate a change in the filed actuarial memorandum or rate schedule pages as the pricing was designed to include all three treatments. An actuarial certification is included in this filing attesting to the same.

The Flesch score for Rider OMR9M-03 Rev is 51.5.

Your consideration and approval of this filing will be most appreciated. If I may be of additional assistance as you complete your review, please do not hesitate to contact me.

Sincerely,

Katie Tupper
Product and Advertising Compliance Analyst
Regulatory Affairs
Phone: 402-351-6904
Fax: 402-351-5298
E-mail: katie.tupper@mutualofomaha.com

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Company and Contact

Filing Contact Information

Katie Tupper, Policy & Advertising Compliance katie.tupper@mutualofomaha.com
Analyst

Mutual of Omaha 402-351-6904 [Phone]
Mutual of Omaha Plaza 402-351-5298 [FAX]
Omaha, NE 68175

Filing Company Information

Mutual of Omaha Insurance Company	CoCode: 71412	State of Domicile: Nebraska
Mutual of Omaha Plaza	Group Code: 261	Company Type: Health Insurance
Omaha, NE 68175	Group Name:	State ID Number:
(402) 351-6420 ext. [Phone]	FEIN Number: 47-0246511	

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 per form x 1 rider = \$50 total.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Mutual of Omaha Insurance Company	\$50.00	11/01/2010	41386289

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/12/2010	11/12/2010

SERFF Tracking Number: *MUTM-126865755* *State:* *Arkansas*
Filing Company: *Mutual of Omaha Insurance Company* *State Tracking Number:* *47184*
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Disposition

Disposition Date: 11/12/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Actuarial Certification	Approved-Closed	No
Supporting Document	Arkansas Credit Card Certification	Approved-Closed	Yes
Form	Chemotherapy, Radiotherapy, and Immunotherapy Benefit Increase Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 11/12/2010	OMR9M-03 Rev	Policy/Cont Chemo- therapy, and radiotherapy, and Immunotherapy Certificate: Benefit Increase Amendmen Rider t, Insert Page, Endorseme nt or Rider	Initial		51.500	OMR9M-03 Rev (Chemo increase cancer-CHS) (AR).pdf

MUTUAL OF OMAHA INSURANCE COMPANY

CHEMOTHERAPY, RADIOTHERAPY, AND IMMUNOTHERAPY BENEFIT INCREASE RIDER

The premium you paid and the application you completed have put this rider in force as of the Rider Date. This rider is made a part of your policy to which it is attached. It is subject to all parts of your policy not in conflict with this rider. In the event of a conflict between this rider and any other provision of your policy, this rider will control.

Rider Date (same as the *policy date* if no date is shown)

Rider Premium (included in the policy premium if no amount is shown) \$

CHEMOTHERAPY, RADIOTHERAPY, AND IMMUNOTHERAPY BENEFIT

If an *insured person* receives chemotherapy, radiotherapy, or immunotherapy for the treatment of *cancer*, we will pay the amount shown on the policy schedule for each treatment. Payment will be made for immunotherapy only if the course of treatment is administered by or under the direction of a certified oncologist for malignant melanoma using mixed vaccines designed to stimulate the immune system. This benefit is limited to treatments occurring within 365 days of the first treatment.

This benefit is in addition to any other chemotherapy, radiotherapy, and immunotherapy benefit provided by your policy or attached riders.

LIMITATIONS

The limitations shown in the policy apply to this rider. In applying them, substitute "rider" for "policy." In addition, we will not pay benefits under this rider for *cancer* that is *diagnosed* before the Rider Date or while this rider is not in force.

TERMINATION

This rider terminates when your policy terminates.

Mutual of Omaha Insurance Company



Corporate Secretary

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	11/12/2010
Comments:		
Attachments:		
AR Certif of Compliance with Rule 19 rev 06.24.2010.pdf		
AR Read Cert.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	11/12/2010
Bypass Reason: Not applicable for this filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	11/12/2010
Bypass Reason: Not applicable for this filing. Please see the Actuarial Certification attached below for further detail.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	11/12/2010
Bypass Reason: Not applicable for this filing.		
Comments:		

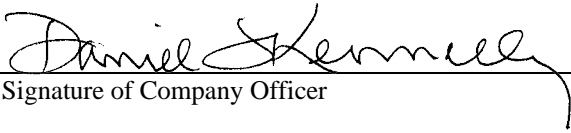
	Item Status:	Status Date:
Satisfied - Item: Arkansas Credit Card Certification	Approved-Closed	11/12/2010
Comments:		

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Mutual of Omaha Insurance Company

Form Number(s): OMR9M-03 Rev

I hereby certify, to the best of my knowledge and belief, that the filing above meets the requirements of
Arkansas Rule and Regulation 19, Unfair Sex Discrimination In The Sale of Insurance.


Signature of Company Officer

Daniel J. Kennelly

Name

Vice President & Chief Compliance Officer

Title

November 1, 2010

Date

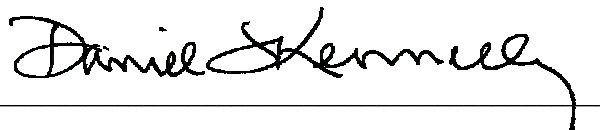
CERTIFICATION

This is to certify that the attached form(s) has/have achieved the following Flesch Reading Ease Score(s) and complies/comply with the requirements of Ark. Stat. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Form</u>	<u>Description</u>	<u>Score</u>
OMR9M-03 Rev	Chemotherapy, Radiotherapy, and Immunotherapy Benefit Increase Rider	51.5

*This score was achieved by removing language or terminology entitled to be excepted by your state's readability regulation.

Date: November 1, 2010



Daniel J. Kennelly
Vice President & Chief Compliance Officer

Arkansas Insurance Department

Mike Huckabee
Governor



Julie Benafield Bowman
Commissioner

Please read and acknowledge your understanding and assurance of complying with the following requirements:

1. If a sponsor or endorser is involved such as a bank, school, retail store, etc., it must be ascertained whether that sponsor is to receive any form of compensation for the use of the card. If so, this must be disclosed to the insured. If there is compensation, the sponsor would need to be licensed to sell insurance.
2. The company must certify that failure to pay the credit card bill will not affect the premium payment.
3. If the credit card company does not pay the premium for any reason, the insurance company must notify the insured of this and allow a thirty day Grace Period for the insured to pay the premium.

Daniel Kernell
SIGNATURE

November 1, 2010
DATE

Mutual of Omaha Insurance Company
COMPANY

CC-1